

Training Committee Minutes
8/10/04

Present were: Teresa Cusano, LTCOP Maggie Ewald, LTCOP
 Jennifer Keyes, LTCOP Brenda Foreman, LTCOP
 Lee-Anne Boatwright, DMHAS Cristina MacGillis, LTCOP
 Theresa Velenzas, LTCOP Carole Levitt, Alzheimer's Assoc.

The meeting was opened at 2:00 p.m.

The group worked on details of the conference scheduled for October 27, 2004.
Details include the following:

- Review of the credentialing process and information still needed for Theresa Velenzas to submit applications by August 16.
- Review of workshops, content and target audiences
- Development of brochure by Jennifer Keyes
- Design of registration process and dates
- Continuing education certificates_ Theresa Velenzas to provide templates to Desiree Pina who will be selecting certificate paper.
- Compilation and review of list pertaining to special equipment and technical support needed
- Needs Assessment: Discussed sample copies used by Braceland Center - Jennifer Keyes to contact Jennifer Glick who provided those for the meeting and Julie Rebeson to facilitate this further.
- Discussion regarding compilation of handouts - Lee-Ann Boatwright offered to assist and have staff prepare handouts for her workshops and Desiree Pina to compliment those with additional information.
- Discussed other logistics such as color / type of paper, design, and the schedule for the day which will be from 8 a.m. to 3:00 p.m. after some revision.
- The next meeting will be on August 31, from 10:00 a.m. - noon at Sigourney Street to follow up on all above items as well as:
 - The mailing
 - Registration
 - Handouts
 - A/V equipment planning

The group will try to have full feedback or the attendance of all speakers for the next meeting.

The meeting adjourned at 4:30 p.m.

Minutes respectfully submitted by

Theresa Velenzas

ASSESSMENT/INTERVENTION GUIDELINES
SELF-INJURIOUS BEHAVIORS

The following suggested guidelines are not intended to preclude the arrangements of any appropriate consultation or evaluations of the resident by Mental Health Practitioners. These suggested interventions are intended to assist in the assessment, de-escalation or stabilization of potentially harmful symptoms or conditions.

For Residents who are expressing an intent to harm themselves or otherwise exhibit behavior which presents a risk of danger or harm to themselves :
NOTE: Do not leave resident unattended until further assessments can be made by Licensed Staff.

1. What is the resident's current mental status and emotional status?
Is the resident:
 - Delirious or oriented?*
 - Angry about something?*
 - Consolable or inconsolable?*
 - Sad, weepy, withdrawn, isolative?*

2. What is the resident's expressed intentions?
Does the resident say:
 - "I wish I were dead"* (passive/despondent)
 - "I wish God would just take me"* (passive/despondent)
 - "Life's not worth living anymore"* (borderline active/despondent)
 - "I'm just going to kill myself"* (active/suicidal)
 - "I'm just going to end it all"* (active/suicidal)
 - "I might just jump out the window"* (active/suicidal)

3. Does the resident who expresses an intent to self harm:
 - Have a Plan?*
 - Have a History of self harm?*
 - Have any history of self harm or suicide in their family?*
 - Identify openly what is bothering them?*

All of the above information (from Sections 1,2 and 3) should be brought to the attention of a consulting mental health provider immediately.

4. Is the resident experiencing a stressor that could be affecting their emotional status?
 - *Change in daily routines or caregivers*
 - *Lost Roles and Functional Status*
 - *Death of a loved one*
 - *Changes in Physical status / medications*
 - *Interpersonal Conflicts*
 - *Environmental Conditions*

**ASSESSMENT CHECKLIST
SELF-INJURIOUS BEHAVIORS**

(The resident expresses an intent to harm himself/herself or exhibits behavior which presents an imminent risk of danger or harm to himself/herself.)

*****If resident is actively causing harm to self, do not leave resident unattended and contact 911 immediately*****

Check and Enter your Initials when you have implemented any of these tasks:

- _____ Resident Safety Ensured *Do not leave resident unattended until further assessments can be made by licensed staff*
- _____ Charge Nurse Notified *Specific presenting behaviors or statements identified and documented for reference by clinicians. If actively causing harm to self, contact 911, followed by contacts with supervisor, physician, psychiatrist and family*
- _____ Administration of prescribed PRNs *Appropriate as needed medications targeting the presenting behavior have been given*
- _____ Supervisor Notified *Arrangements for constant monitoring of the resident until necessary assessments are done RN Assessment Complete*
- _____ Family Notified *Is the behavior new and if not, has anything been successful in de-escalation in the past?*
- _____ Social Worker Notified, if available. **If not, social work and consulting psychiatry documentation has been reviewed.**
Is the resident experiencing any psycho-social stressors? _____
Are there any unique or special biopsychosocial conditions which could be affecting the resident? _____

- _____ Consulting Mental Health Practitioner Notified. *Comments _____*
Is behavior indicative of an acute exacerbation? _____
What Therapeutic Interventions are recommended? _____
How soon can the resident be evaluated by the Mental Health Practitioner? _____
Is there a need for an Emergency Evaluation? _____
Is a Physician's Emergency Certificate necessary? _____
Is there a preferred Emergency Care/Acute Care Setting for treatment of the condition ? _____
- _____ Attending Physician Notified. *Comments _____*
Notification of Change _____
Acceptance of recommended Therapeutic Interventions _____
Any New Orders for Medications, Psychiatric Evaluation if not already in place, Emergency transport, if indicated? _____
Authorization for Inter-Agency Referral Report, if needed. _____
- _____ Resident and Responsible Party made aware of Facility's Plan of Action, if Inter-Agency Transport necessary .
- _____ Collaboration / Confirmation of anticipated transport made with Transport Agency and Destination Facility.
When and Whom. Concerns/Issues _____

ASSESSMENT/INTERVENTION GUIDELINES
AGGRESSIVE BEHAVIOR/ DANGEROUS TO OTHERS

(The resident expresses an intent to harm another person or exhibits behavior which presents an imminent risk of danger or harm to another person)

The following suggested guidelines are not intended to preclude the arrangements of any appropriate consultation or evaluations of the resident by Mental Health Practitioners. These suggested interventions are intended to assist in the assessment, de-escalation or stabilization of potentially harmful symptoms or conditions.

For Residents who are expressing an intent to harm other persons or otherwise exhibit behavior which presents a risk of danger or harm to others :

NOTE: Do not leave resident unattended until further assessments can be made by Licensed Staff.

1. What is the resident's current mental status and emotional status?
Is the resident
 - Delirious or oriented*
 - Angry about something or towards another person?*
 - Consolable or inconsolable?*
 - Sad, weepy, withdrawn, isolative?*
 - Irritated and restless*

2. What is the resident's expressed or perceived intentions?
Is the resident
 - Exhibiting verbal ,physical or sexually threatening behavior?*
 - Known to have a history of aggressive behaviors in the past?*

3. Is the resident experiencing a stressor or condition that could be affecting their emotional status?
 - > Change in daily routines or caregivers*
 - > Lost Roles and Functional Status*
 - > Death of a loved one*
 - > Changes in Physical status / medications*
 - > Interpersonal Conflicts*

4. Can the resident be verbally re-directed from the source of stress or agitation ?

5. Can the source of the resident's stress or agitation be removed or modified ?

ASSESSMENT CHECKLIST
AGGRESSIVE BEHAVIOR/ DANGEROUS TO OTHERS

(The resident expresses an intent to harm another person or exhibits behavior which presents an imminent risk of danger or harm to another person)

Check and Enter your Initials when you have implemented any of these tasks:

- _____ **Safety of Others Ensured.** *Other residents have been removed from proximity upon identification of imminent risk of harm to others*
- _____ **Safety of the Aggressive Resident Ensured.** *Do not leave resident unattended until further assessments can be made by licensed staff*
- _____ **Charge Nurse Notified.** *Specific presenting behaviors or statements identified and documented for reference by clinicians*
- _____ **Remove Antagonistic Stimuli.** *Assess resident's environment for, and remove if appropriate factors that may be antagonizing resident*
- _____ **Administration of prescribed PRNs.** *Appropriate as needed medications targeting the presenting behavior have been given*
- _____ **Supervisor Notified.** *Arrangements for constant monitoring of resident until necessary assessments are done RN Assessment Complete*
- _____ **Resident Abuse Protocols Initiated, if indicated.** *Required Reporting and Response in accordance with policy, regulation and statute*
- _____ **Family Notified.** *Is the behavior new and if not, has anything been successful in de-escalation or re-direction in the past?*
- _____ **Social Worker Notified, if available. If not, social work and consulting psychiatry documentation has been reviewed**
Is the resident experiencing any psycho-social stressors? _____
Are there any unique or special biopsychosocial conditions which could be affecting the resident? _____

- _____ **Consulting Mental Health Practitioner Notified.** *Comments _____*
Is behavior indicative of an acute exacerbation? _____
What Therapeutic Interventions are recommended? _____
How soon can the resident be evaluated by the Mental Health Practitioner? _____
Is there a need for an Emergency Evaluation? _____
Is a Physician's Emergency Certificate necessary? _____
Is there a preferred Emergency Care/Acute Care Setting for treatment of the condition? _____

- _____ **Attending Physician Notified.** *Comments _____*
Notification of Change _____
Acceptance of recommended Therapeutic Interventions _____
Any New Orders for Medications, Psychiatric Evaluation if not already in place, Emergency transport, if indicated? _____
Authorization for Inter-Agency Referral Report, if needed. _____

_____ **Resident and Responsible Party made aware of Facility's Plan of Action, if Inter-Agency Transport necessary .**

_____ **Collaboration / Confirmation of anticipated transport made with Transport Agency and Destination Facility.**
When and Whom. Concerns/Issues _____